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**The views and aspirations of young people with Autism Spectrum Disorders
and their provision in the new Education Health and Care plans in England**

Young people with ASD’s views and provision

Research Article

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Declaration of interest

The authors report no declarations of interest.

Abstract

BACKGROUND: The new special educational needs and disability legislation in England has introduced Education Health and Care plans as statutory documents for children with special educational needs, and has extended provision beyond compulsory education, placing transition in a compelling position. This policy recognises the need to include the views, wishes and aspirations of children and young people in the development of provision to cater for their needs. For young people with autism spectrum disorders and their families, transition to post-16 education and employment could be challenging. This study aimed to explore how voices of young people with autism spectrum disorders are captured in their Education Health and Care plans.

METHODS: These views were collected from the Education Health and Care plans of 12 young people with autism spectrum disorders. These plans were analysed inductively and deductively

through content analysis, using the International Classification of Functioning, Disability and Health: Children and Youth Version as a coding framework.

RESULTS: Discrepancies were found between plans concerning the ways in which the voices of young people with ASD were elicited. A total of 189 functioning codes were identified, with a prevalence of activities and participation codes to reflect their views, followed by body functions and lastly environmental factors.

CONCLUSION: These disparities are discussed in light of the biopsychosocial model of functioning and health, and the new English policy. Implications for adopting the International Classification of Functioning framework to give voice to young people with autism spectrum disorders are also discussed.

Keywords: young people; autism spectrum disorder; post-16; ICF-CY; biopsychosocial model; Education Health and Care plans, special educational needs, disability

Background

Autism spectrum disorder (ASD) is a complex neurodevelopmental condition characterised by the presence of difficulties in social interaction and communication, and restrictive, repetitive and stereotyped patterns of behaviour, which cause clinically significant impairments in different areas of functioning [1]. There is agreement in the field that people with a diagnosis of an ASD present variable levels of performance and patterns of behaviour [2-4]. The broad spectrum of ASD manifestations implies that two people with the same diagnosis will manifest large disparities in functional characteristics; thus, the presence of a diagnostic label alone is insufficient to explain the functional implications of such diagnosis [5]. The uniqueness and individuality of ASD manifestations and needs of individuals constitute a challenge in terms of assessment, intervention and service provision for this particular group [6].

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Recent decades have seen a significant increase in research on ASD. However, the focus of investigation at international level has predominantly pointed in the direction of basic science, with a particular focus on cognitive and neural systems, genetics and other causal pathways [7]. The growth in this body of research aims to deepen the understanding of the condition from its causes, correlates and consequences to ultimately lead to translational benefits to enhance the lives of people with ASD, their families and their support networks [7, 8]. Despite this increase, a review of the literature reveals underexplored areas of research, particularly those relating to the views of young people with ASD, their transition to post-16 education and to adulthood, effective interventions and service provision [7, 9-11]. This study aimed to address this gap by exploring young people with ASD’s views and experiences of post-16 education and employment in light of the changes in service provision introduced by the recent special educational needs legislation changes in England.

Transition to post-16 education and employment

The period after leaving secondary school could be seen as a time of exploration and newly found independence for young people, in which the pursuit of education and employment is embedded [12]. Participation in employment and increased financial independence are generally seen as central performances of socially accepted adult roles, and constitute key elements of an individual’s post-school quality of life [13, 14]. However, for young people with ASD and their families, this period is a challenging one, as many individuals leave the ‘comfort’ of the education system with feelings of unpreparedness for adult life at work, post-secondary education or community living, and with fewer experiences of autonomy and independence expected of youth transitioning to adulthood [7, 15-17].

Furthermore, across the ability spectrum, individuals with ASD present lower rates of participation in vocational or technical education, employment, and post-secondary education than their peers with learning disabilities, speech and language impairments, or intellectual disabilities [18, 19]. A study conducted on post-secondary expectations of secondary school students with ASD found an interdependence and sequencing of transition domains, suggesting that individuals with ASD attribute success in one adult role domain to the realisation of another one – in other words, participation in meaningful employment is contingent upon, or fostered by, participation in education [13, 32].

Findings in the literature report that individuals with ASD exhibit an overall low participation in competitive employment, with unemployment rates that range from 50% to as high as 86% in spite of many years of participation in intensive special education services [16, 18, 19]. Furthermore, those who are employed tend to work in temporary, low wage, low skills positions, which are often below their level of education, and have difficulties in maintaining stable employment [18, 21, 22].

There is a paucity of literature describing ASD in late adolescence and adulthood [15], and little research about how social and psychological factors of the disorder impact individuals during their transition out of school [17]. Shattuck et al [18] reported that young people with ASD have the highest risk of being disengaged from any kind of post-secondary education or employment, adding that this risk is particularly high for the first two years after exiting secondary school. They also suggest that these findings might point to a potential gap in transition planning and the removal of barriers to participation that may be specific to this population [18]. The enactment of the Children and Families Act 2014 [23] in England has extended provision for children and young people with special educational needs and disability (SEND) from birth until 25 years of age, and promised a more holistic approach to assessment, intervention and provision, emphasising the need for planning for adulthood from early stages.

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Giving voice to young people in the new SEND framework in England

The Convention on the Rights of the Child recognises the right of children and young people to express their views, to have those views given due weight, and to make informed decisions on matters that affect their lives [24]. Full and effective participation and inclusion in society, the freedom to make one’s own choices and individual autonomy constitute key underpinning principles to give voice to empower people with disabilities to become active change agents of their own lives [25, 26]. Although the place of the voice of children and young people is no longer contested and it is inscribed in the heart of international charters and legislation around the world (i.e. Individuals with Disabilities Education Act 2004 in the US [27]; Children and Families Act 2014 [23] in England and Wales), there continues to be a gap between rhetoric and practice [25, 28-30], as individuals with ASD continue to face exclusion in decision-making, consultations and research [7, 31]. Investigation of parents’, teachers’ and other stakeholders’ perspectives of children and young people with ASD has contributed to the understanding of the condition across different contexts, and offered valuable insights to guide practice. However, these perspectives may not necessarily represent what the children and young people have to say about their own experiences [32]. Individuals with ASD have a unique knowledge of their own circumstances and can give an accurate, in-depth account of their experiences, their views, needs and opportunities, their everyday lives, the challenges they face, and the services they have access to [7, 33].

The new Special Educational Needs and Disability Code of Practice, introduced by the Children and Families Act 2014, places participation of children, their families, and young people in decision-making at the core of the SEND framework for service provision in England. One of the most significant changes introduced by this new policy is the extension of provision for children and young people with SEND beyond compulsory education,

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3 covering the 0-25 age range. This extension places transition to adulthood planning in a
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5 compelling position. Preparation for adult life must be an element of discussion and
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7 conversation with children and their families, as the young person moves into and through post-
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9 16 education [34].
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12 Furthermore, Education, Health and Care (EHC) plans were introduced by the new law to
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14 replace previous statements of Special Educational Needs. Statements are statutory documents
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16 that describe the child's needs and the provision to cater for them. The purpose of an EHC plan
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18 is to make special education provision for children and young people with SEND focusing on
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20 what they themselves want to achieve and what support is needed to do this in educational,
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22 health and social care terms. The development of EHC plans fosters multiagency collaboration
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24 to learn and discuss the best ways to meet the needs of the child or young person, and to make
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26 joint decisions about resourcing, resulting in an ecological, participatory, and person-centred
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28 approach to special educational needs and disability [34]. This approach is underpinned by the
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30 principle of participation of the individual in decision-making. This principle establishes local
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32 authorities' legal duty to have regard to the views, wishes and feelings of the child or young
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34 person, and of the child's parents; to inform and provide them with the necessary support to
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36 enable their participation in decision making, and to help them achieve the best possible
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38 outcomes, preparing them effectively for adulthood. This principle and the extension of the
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40 provision to 25 years of age give young people (16 and older), for the first time, the opportunity
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42 and the right to engage directly with local authorities and other agencies, to discuss and make
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44 joint decisions about their support and provision, in light of their own wishes and goals.
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54 *The voices of young people in EHC plans*

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56 These views appear in Section A of EHC plans, which is titled 'the views, interests and
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58 aspirations of the child and their parents, or of the young person' [34]. The Code of Practice
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provides an overview of each section and a detailed description of the contents to be included in each component of an EHC plan [34] (Supplementary Table S1). Concerning the content of Section A, the Code of Practice requires inclusion of the child or young person’s aspirations and goals for their future, including aspirations for paid employment, independent living and community participation. Information about the child or young person’s history, their communication preferences and how to engage them in decision-making should also be reported in this section; details about the individual’s health, play, independence, schooling and friendships should be included. It is noteworthy that the Code of Practice allows this section of the plans to be written in the first or third person, and calls for specifying whether the child or young person has been quoted directly in those plans where the first person has been used.

The Code of Practice also stresses the need for schools to incorporate and accommodate practices to elicit the views of children and young people with SEND in a holistic, meaningful way to co-construct and develop provision that reflects their aspirations [34]. Previous research has highlighted the challenges of obtaining the views of children and young people with SEND, suggesting the need to develop a wide range of strategies that best capture their views in light of their individuality, preference and needs [31].

Local Authorities are the first tier of local government in England. Among their activities, they represent the local community, delivering services to meet local needs, aiming to improve the quality of life and wellbeing of their community. In the scope of the new SEND legislation, local authorities have been appointed the duty of regarding the views of children and their families, and young people, to ensure co-operation between children’s and adults’ services, and integration between education and training, health and social care in order to promote wellbeing and improve the quality of provision for children and young people until 25 years of age. This suggests a holistic approach towards SEND to empower people with disabilities to

become active change agents of their own lives [9, 26]. This move towards an ecological model of service provision is aptly aligned with the World Health Organisation's (WHO) International Classification of Functioning, Disability and Health: Children and Youth version (ICF-CY, hereon) [35], which is based on a biopsychosocial model of functioning and disability.

International Classification of Functioning, Disability and Health: Children and Youth Version

The International Classification of Functionality, Disability and Health: Children and Youth Version (ICF-CY) is a classification system that aims to provide 'a unified and standardised language and framework for the description of health and health-related states' [35, p.3]. This classification system belongs to the Family of International Classifications of the World Health Organisation, and stems from the adult version of the classification system, introduced in 2001. The ICF-CY is a universal and multidimensional conceptual framework based on a biopsychosocial model of health, human functioning and disability that allows the recording of a wide range of information about health states, rather than disease, in terms of functions and structures of the body, activities and participation, and relevant environmental factors, in a neutral and universal language [36, 37].

The ICF-CY framework allows the description of a person from a more holistic and contextual perspective, with regards to their body system, functional activity, participation, and environment in which they live, irrespective of the presence of a specific diagnosis [38-40]. Within this model, disability is considered to have a universal nature, integrated as a natural experience of living, rather than associated with illness. It is understood as a multidimensional phenomenon that results from the interaction between people and their physical and social environment. In this respect, the ICF-CY can assist in the identification of the principal 'problem' of disability, whether it is in the environment in the form of a barrier, the absence of

a facilitator, the limited capacity of the individual themselves, or a combination of factors [5]. Thus, a child or young person with SEND is “someone whose overall functioning is compromised due to a specific profile in which these factors interact with each other, in a way that restricts the child’s overall participation” [38, p.2].

The multidimensional approach to disability of the ICF-CY served in the current study as an apt framework to understand and analyse how the views of individuals with a history of ASD are depicted in their EHC plans from a functioning perspective. The adoption of this framework is justified in light of the changes introduced by the Children and Families Act 2014 [23], as it allowed to shift the focus from characteristics associated with ASD, located ‘within’ the individual, to one of functioning that conveys the interactive nature of the relationship between an individual and their environment, in a cross-disciplinary language endorsed by the World Health Organisation [5].

Aims of the study

This study aimed to explore how the views, wishes and aspirations of young people with ASD in transition to post-16 education and employment were depicted in their EHC plans, and to explore whether the provision put in place for young people matches their aspirations. Considering the statutory requirements set by the Code of Practice concerning the nature and content of Section A of EHC plans, three research questions were identified:

1. What were the methods used to capture the views of young people on their EHC plans?
2. What are the functioning dimensions identified as the views, wishes, and aspirations of young people with ASD?
3. Does the provision as described in EHC plans match the aspirations of young people with ASD?

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3 In order to address these research questions, a systematic content analysis approach was used,
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5 first inductively, and then deductively using the ICF-CY framework and codes to analyse the
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7 content of 12 EHC plans.
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10 11 12 **Methodology**

13 14 15 ***Participant recruitment***

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17 This study focused on the views of young people with ASD concerning their experiences of
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19 transition to post-16 destinations. Ethical approval to undertake this study was obtained from
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21 the University of Roehampton Ethics Committee, and followed guidelines from the British
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23 Psychological Society and the British Educational Research Association.
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26 In order to obtain the EHC plans to analyse, invitation letters were sent to secondary schools
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28 and further education providers in the Greater London area to identify potential participants.
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30 Those providers who expressed interest in the study were then contacted and sent consent forms
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32 for headteachers, parents and young people. The sampling strategy for this study was
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34 purposeful, and participants were selected on the basis of the following criteria: (a) the young
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36 person has a diagnosis of an ASD according to the criteria established by the Diagnostic and
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38 Statistical Manual of Mental Disorders [1, 41], or by the International Classification of
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40 Diseases [42]. Additionally, participants were screened with the Social Communication
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42 Questionnaire, current form [43], a brief standardised questionnaire completed by parents or
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44 carers to explore the social functioning and communication skills in children over four years
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46 of age who may have an ASD. The purpose of the screening was to obtain a broad picture of
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48 their current ASD characteristics, rather than to confirm their diagnosis. This allowed an
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50 understanding of each participant's communication profile and their needs. (b) The young
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52 person holds a maintained EHC plan; (c) the EHC plan indicates the young person's ASD; (d)
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54 the young person is between 16 and 19 years of age. Once consent was obtained from
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headteachers/principals, parents and young people, access to the young people’s EHC plans was granted. Twelve young people with ASD between 16 and 19 years of age ($M= 16.5$) – 10 male, 2 female – who met the selection criteria agreed to take part in the study. Table 1 presents the participants’ characteristics.

[Table 1. Participants’ characteristics and Social Communication Questionnaire scores]

Data collection

Documents. The EHC plans of 12 young people with ASD were collected in hard copy or electronic copy, and were produced by five different local authorities in the Greater London Area. The documents were assigned a numeric code in order to protect the young people’s identity (i.e. YP 1), and safely stored in a locked cabinet (hard copies), and in password protected files (e-copies). For the purpose of this study, the analyses of the plans focused on their first section, Section A, which covers the views of young people and their families, and the sections concerning provision in education, health and social care (Sections F, G and H respectively) for young people with ASD.

Data analysis

Section A of the EHC plans was analysed through a two-strand process of systematic content analysis. Firstly, since the plans were developed in different local authorities, an inductive approach seemed appropriate to explore the overall structure of Section A, in a process moving from specific instances identified in individual plans to larger, more general statements about their content [44]. This same procedure was adopted to explore the overall structure and content of the sections concerning provision for young people with ASD. Once Section A was analysed

inductively, a deductive approach followed, where the ICF-CY [35] served as a system of pre-defined codes to be matched to the content of the plans. This method allows condensing text into a few content-related categories that share the same meaning, granting the production of knowledge through valid inferences from the data to the context from which they derive.

The functioning domains of the ICF-CY have been defined as the units of meaning to conduct the analysis of the plans. Therefore, units of meaning under the ICF-CY system consisted of a constellation of words or statements that related to: a) a body structure or function; b) an activity or form of participation, or c) an aspect of the environment [3]. The condensed units of meaning were later labelled with a code. In the context of this study, this meant allocating the found meaning units present in the data sets to the coding structure of the ICF-CY, following the linking rules established in previous studies [e.g. 45-48]. The codes identified in the EHC plans by the first author were later discussed with professionals with knowledge of the ICF-CY system. The codes of four out of 12 plans were discussed until saturation was reached. This approach was adopted upon reflection on interrater agreement issues reported in previous studies. Findings from Castro et al [47] suggest that upon calculation of Cohen's kappa, the level of agreement among coders appears to be more dependent on the content of the identified ICF-CY functioning dimension than on the raters' ability to code meaning units following similar criteria.

Once the content of Section A of the plans was mapped to the taxonomy of the ICF-CY, the codes found were quantified. The occurrence and frequencies for each of the ICF-CY components – body structures and functions; activities and participation; environmental factors – were computed to identify the domains of this framework that were more frequently addressed as the young people with ASD's views, wishes and aspirations in Section A of their EHC plans. For clarification purposes, the term *occurrence* is used throughout the study to indicate the number of ICF-CY codes found across the EHC plans, and *frequency* is used to

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notate the rate of occurrence of said codes – that is, the number of times a code or group of codes appear in the EHC plans.

Results

An inductive, followed by a deductive content analysis was performed to the Section A of 12 EHC plans belonging to 12 young people with ASD to explore their overall structure, the views of the young people, and how these and their functioning were depicted in their EHC plans. In addition, sections dedicated to education, health and social care provision (Sections F, G and H, respectively) for young people were also analysed inductively to explore the match between aspirations of young people, as described in Section A, and the provision put in place for them.

Capturing the voices of young people with ASD in the EHC plans

The SEND Code of Practice [34] states that Section A of the plan can be written in the first or third person. If written in first person, the document should make clear whether the child or young person is being quoted directly, or if the views of the parents or professionals are being represented. In addition, this section must include a summary on how to communicate with the child or young person and engage them in decision-making. However, there is no requirement to indicate how the views of the child or young person were collected. An overview of the 12 collected plans showed that local authorities follow the overall structure of the plans as set in the Code of Practice. However, the content of section A varies in length from plan to plan, resulting in some plans containing more information about the young person - although not necessarily *new* information, since there seems to be a great deal of repetition. The length of Section A across the 12 plans analysed ranged from two to nine pages. With regards to the use of first or third person to refer to the views of the young people, three out of twelve plans used

the first person, although only in the first page concerning Section A. The adequacy of this use was confirmed because in said three plans, the documents specified who had written the Section, making clear that the young people themselves had contributed to doing so. The other nine plans used the third person to refer to the views of young people, and resulted from consultation with parents and teachers at their schools. Concerning the methods used to elicit these views, three plans mentioned the development of a slide presentation by the young people in which they introduced themselves and expressed their views; six plans included rather broad statements to refer to the contribution of the young people in their EHC process, i.e. '*he was present at the annual review meeting and communicated his aspirations*' with no further indication of the processes underpinning these contributions. Three plans did not mention at all how the views of young people had been collected nor incorporated to the EHC plan process. The variability found across all 12 plans with regards to the ways in which the views of young people were elicited and incorporated to the EHC process raises the question of the effectiveness of the implementation of the principle of participation of the young person in decision-making and their involvement in the development of their EHC plan.

Functioning dimensions identified as the views, wishes and aspirations of young people with ASD

The content of section A of the EHC plans was analysed using the ICF-CY's system of pre-defined codes to match their content and translate it into the categories of the ICF-CY (i.e. body functions, body structures, activities and participation, and environmental factors), following linking rules and procedures established in other studies [45-48]. Table 2 presents extracts from the EHC plans together with their respective ICF-CY domain, chapter and code to exemplify the match between each meaning unit and the descriptor of the code.

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[Insert around here Table 2. Extracts of coded EHC plans, by ICF-CY domain, chapter and code]

The analysis performed resulted in meaning units being linked to a total of 189 ICF-CY codes across four components. The activities and participation domain was the one that yielded the greatest proportion of identified codes in the EHC plans, followed by the domains of body functions, and lastly environmental factors, as presented in table 3. It should be noted that a total of 39 identified meaning units could not be linked to any code of the ICF-CY taxonomy, and thus were marked as not definable. This is because the content they conveyed was too general or vague to be linked to one or more codes from the ICF-CY system. The example presented in table 2 concerning the development of independence skills was not definable, as the lack of specificity of the expression suggests there are potentially multiple codes that could fit, for example those related to mobility and the use of public transport, or the use of money and basic economic transactions, domestic life or self-care. Table 4 presents a more detailed depiction of the occurrence and frequency of the total 189 codes that emerged from Section A of the EHC plans; the codes are presented according to the chapters of the four ICF-CY components.

[Insert around here Table 3. Identified ICF-CY codes in the EHC plans, per ICF-CY domain.]

[Insert around here Table 4. Occurrence and frequency of codes found in the EHC plans, organised by ICF-CY component and chapter]

The following section reports on the findings at ICF-CY component level. This means that the identified codes in the EHC plans are grouped together under the headlines of the ICF-CY

framework, and analysed within each domain with reference to their contextualised occurrence in the EHC plans.

Activities and Participation. As seen in table 2, more than half (57.1%) of the total number of ICF-CY codes mapped to the content of the plans belonged to the component of activities and participation, representing 108 out of 189 codes. This means that the narrative of Section A predominantly translated into meaning units that referred to the execution of a task or an action by individuals (activities) and the involvement of individuals in a life situation (participation). Within this component, the chapter of major life areas (d8 codes) was the one that yielded the largest number of ICF-CY codes. This chapter is dedicated to education, work and employment, and economic life. In this respect, the codes most frequently used were those referring to education (d820), particularly with regards to making progress in a school programme (d8202), and acquiring, keeping and terminating a job (d845). This finding suggests that these spheres are of particular relevance to young people with ASD and their families concerning their transition to post-16 destinations.

Regarding the chapter of general tasks and demands (d2 codes), the codes that stand out refer to carrying out daily routine (d230), with emphasis in managing changes occurring in daily routine (d2304). These codes were often identified in the context of young people's need for a structured routine, anticipation in case of changes happening throughout the day, and their behavioural responses to these. The codes from the chapter of interpersonal interactions and relationships (d7) and those of communication (d3) usually appeared together in the EHC plans as they referred to descriptions of communication and interaction difficulties associated with the ASD profile. The most significant codes were speaking (d330), receiving spoken messages (d310), conversation (d350), basic and complex interpersonal interactions (d710, d720 respectively), and informal social relationships (d750).

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The chapter of community, social and civic life (d9) was featured highly in section A of the plans, where codes concerned with recreation and leisure (d920) constituted the most frequent. In these terms, the plans referred to the young people’s free time, emphasising their participation in sports (d9201), arts and culture (d9202), and socialising (d9205). Furthermore, in this section a series of codes emerged relating to young people’s independence and autonomy, and were linked predominantly to those belonging to the chapters of mobility (d4), self-care (d5), and domestic life (d6). The emergence of these codes stresses the significance of independence for participants and their families at a time of transition. Concerning mobility, the codes most frequently identified were those covering mobility outside the house (d460, d4601, d4602), and moving around using transportation (d470, d4701, d4702). These codes were seen as targets or goals to achieve by the young people. Codes belonging to the chapter of self-care (d5) were also linked to aspects of independence that relate to the young people being able to wash themselves (d510), caring for body parts (d520), as well as eating (d550), taking care of one’s health (d570) and safety (d571) in an effective way to lead an autonomous life. In this same line, a series of codes in the chapter of domestic life was linked to aspects of independent life to achieve or already achieved in the home, such as preparing meals (d630), acquiring goods and services (d620), doing housework (d640) and assisting others (d660). Finally, the chapter of learning and applying knowledge (d1) yielded codes that were mostly related to young people’s lives at school, referring to reading (d166), writing (d170), calculating (d172), watching (d110) and listening (d115).

Body functions. The component of body functions refers to the physiological functions of body systems, in which psychological functions are included. A total of 55 body functions codes were identified in section A of the EHC plans, comprising 24.4% of the extracted codes, as seen in table 4. It should be noted that the vast majority of meaning units linked to ICF-CY

codes belonged to the chapter of mental functions, with the code for motivation (b1301) being the single most frequently presented across plans. This code has been mapped to content commonly describing likes and dislikes of the young people, as well as their wishes, aspirations and goals. Given the duty to make this content manifest in Section A of plans, the high frequency of this code was expected throughout plans. Body functions codes describing dispositions and intra-personal functions (b125, and subsequent codes), and those describing temperament and personality functions (particularly b126 and subsequent codes) were also frequently found, appearing 70 out of 180 times. This finding is in line with the requirement to provide an overall picture of the individual in this section of the plan, as outlined by the Code of Practice. Lastly, emotional functions (b152) was another frequently found code in section A. This code describes specific mental functions related to the feeling and affective component of the processes of the mind. The emergence of this code resulted mostly from the expression of different feelings and emotions about topics like finishing secondary school, making decisions about the future, and managing change in their lives, particularly change related to routines and the unexpected, and the regulation of emotion.

Environmental factors. The component of environmental factors (*e* codes) refers to the physical, social and attitudinal environment in which people live and conduct their lives, and constitute either barriers to or facilitators of the person's functioning. An overall look into this component shows that the chapter of support and relationships was the most predominant in terms of frequency of codes. Throughout section A, a strong emphasis has been put on the role of support networks and relationships in the lives of young people with ASD, highlighting the relevance of immediate family (e310) and friends (e320). Another interesting finding from this component was on the chapter that covers services, systems and policies (e5). The analysis of plans in this domain revealed the significance of services available for young people with ASD

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and their families, which highlighted the role of education and training services, systems and policies (e585), particularly those services related to specialist support (e5853). The occurrence of this code in more than half of the plans suggests that availability of services and the quality of these remain an important aspect of the life of young people with ASD and their families, particularly at a time of transition.

Body structures. The domain of body structures refers to the anatomical parts of the body, such as organs, limbs and their components. Only one code was identified twice in one EHC plan, when referring briefly to the structure of the brain of one participant, under the chapter of structure of the nervous system. A low number of codes from this domain was expected, as the functioning description of young people with ASD was expected to occur in relation to characteristics of their overall cognitive profile, captured by the component of body functions, their communication and interaction characteristics, and their activities and involvement in life situations in general activities in general (Activities and Participation).

Aspirations and special educational, health and social care provision for young people with ASD

Under the new SEND Code of Practice, provision for children and young people with SEND is included in three sections in the EHC plans that reflect the arrangements required to meet the needs of the child or young person in the fields of education (Section F), health (Section G) and social care (Section H). Section F should include detailed and specific information on the educational provision required, indicating its type, number of hours, frequency of support and the level of expertise that is necessary for its effectiveness. Furthermore, it should describe how the provision would cater for each specific need of the child or young person, and should include how advice and the information gathered has informed the provision stated in this

section. The health provision section (Section G) presents similar requirements, and emphasises the presentation of specialist health support such as physiotherapy, occupational therapy, nursing support, to name a few, and any other health care provision that might not be related to SEND, however reasonably required, in coordination with other services. The social care section (Section H) refers to the provision of services such as assistance in the home or adaptations to the home environment, assistance in travelling to facilities, provision and assistance in recreational and educational facilities. In the scope of this study, these three sections were analysed inductively to explore the provision required by young people with ASD and to examine whether the provision described in their EHC plans matches the aspirations described in Section A.

Overall, across the 12 analysed plans the section of educational provision was the most prominent in terms of content. Only half of the plans presented content related to special provision in health and social care. The organisation of these sections also differed among plans. Ten out of 12 plans presented the provision for these three sections together with the outcomes (Section E) sought for young people with ASD, whereas only two plans presented this information in relation to the special educational, health and care needs (Sections B, C, and D, respectively) of the young people. In this respect, the Code of Practice specifies that the required provision should be written and specified in accordance with the needs of the young person stated in earlier sections of the EHC plan, and have regards to how the provision would help achieve outcomes. The inductive analysis conducted in Section F has revealed five themes that capture the educational provision required for young people with ASD: literacy and numeracy skills; language, social communication and interaction; emotional intelligence; environmental support; independence and self-help.

All analysed plans highlighted the need for provision that will allow young people to improve in distinct dimensions of literacy and numeracy, such as improving reading comprehension

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(i.e. *‘extension of reading comprehension skills in small group sessions’*), or structuring sentences appropriately. With regards to the theme of language, social communication and interaction, provision across this section focused on the development of a wider vocabulary (i.e. *‘generalisation of word learning and retrieval strategies to classroom situations’*), an understanding of a wider range of social situations, initiating and sustaining conversations with peers and staff members, engaging in class discussions, to name a few, predominantly with support from a speech and language therapist working directly with the young person or by providing training for staff to help young people achieve this. This theme resonates with content of Section A which identified descriptions of communication and interaction difficulties associated with the ASD profile.

As for the theme of emotional intelligence, provision in this regard focused on the development of young people’s strategies to express and regulate emotions in accordance with the demands of the environment, to enhance their self-esteem, understand their own emotional states and identify these in other people, and to seek emotional support from relevant figures in the home and school environment. This theme could be linked to content identified in Section A that refers to emotional functions of young people with ASD; however, the provision section has adopted a more general understanding of aspects of emotional functioning to develop. Indeed, the reference to emotions in Section A was linked specifically to characteristics of transition to post-16 such as ambivalence of feelings about the future and making decisions, managing change, leaving settings where they felt secure and regulating their emotions, whereas the provision section focused on providing specific and wraparound strategies to manage emotions across people and contexts.

The theme of environmental support referred to attitudes of professionals and practitioners with regards to the needs of the young person, and to adaptations and suggestions concerning the learning environment that would facilitate the young person’s engagement and learning. For

example, 'provide a visual timetable so that he knows what is happening throughout the day', 'He should be sitting near the teacher and close to the whiteboard, and not facing the window', 'frequent opportunities to work in a quiet environment'. Lastly, the theme of independence and self-help emerged in half of the analysed plans. It should be noted that the items presented as provision for this theme were expressed in broad terms, such as '*encourage her to work independently whenever possible*', '*he requires a structured programme to develop his self-help and independence skills*', and mostly referred to autonomy in the school context.

Concerning the sections relating to health (Section G) and social care (Section H), only six out of 12 plans included content highlighting provision for young people with ASD. The content of Section G was characterised by mentioning professionals involved in reviewing and supporting young people, expressed in general terms such as, 'involvement of professionals for his ADHD', '*review medication and involvement of a dietician*', or '*relevant health professionals continue to monitor and review him*'. As for the section on social care (Section H), six plans included provision to be made to cater for the needs of young people. Three plans referred to direct payments made to them to support respite care and independent living skills, one referred to the requirement of transport to and from school with the support of an escort with knowledge of the needs of the young person, and lastly, two plans indicated the need of social opportunities to engage with the community and practice money management skills in real life situations.

Discussion

This study explored the voices of 12 young people with ASD in their transition to post-16 education and employment through the analyses of section A of their respective EHC plans. The analyses focused on how the views of the young people were captured and represented in

the newly introduced statutory documents following the English SEND reform. The content of 12 EHC plans of young people with ASD enrolled in secondary schools and post-16 education providers in the Greater London area were analysed using the ICF-CY as a theoretical and analytical framework. The findings of the study highlight variability in the ways the views of young people are elicited and portrayed in their EHC plans. In addition, they provide a detailed description of functioning areas that are relevant to the lives of young people with ASD in transition to post-secondary destinations and adulthood, and their families.

Capturing the voices of young people with ASD in the EHC plans

The findings of this study have shown that not all the EHC plans have included the actual voice of the young person in Section A, and that their collaboration in the inclusion of their views, wishes and aspirations in more than half of the cases was only assumed. Although the law makes clear the legally binding requirement to make room for the views of the young person, it is striking to observe that some young people do not appear as contributors towards the development of their own plan. Broad statements such as ‘he was present at the annual review meeting’ appear to portray the young person’s involvement in decision-making, as intended by the SEND Code of Practice; however, these portrayals do not provide enough evidence of being the participatory, person-centred approaches to SEND advocated by the Children and Families Act 2014. It could be only assumed, therefore, that the views presented as relevant to the young person in Section A of the EHC plans are the result of a collaboration between parents, young people and those who work closely with them. The obligation to elicit the views of young people with ASD, regardless of their abilities, should supersede the difficulties and challenges that may arise in doing so; meeting the obligation to consult with them should encourage the development of strategies that target the areas of difficulty for this particular group [49, 50]. In spite of the advances in the recognition of young people’s rights to have their views given due

weight, findings stemming from this study show that some young people with ASD still face exclusion in consultation and decision-making [31,51, 52]

As for the content of the plans, discrepancies were found in terms of the amount of information they provide and how this information is presented, consistent with findings in the literature regarding the content of the EHC plans [53]. This could be resulting from the freedom with which local authorities operate in the organisational aspects of the EHC plans. There is no prescriptive template stemming from the Code of Practice dictating how to produce a plan, as the guidance provided is general in terms of sections and content. One of the key aspects of the SEND reform was the move towards a more user-led, decentralised system, services and provision: these are shaped by parents, children and young people, who are seen as co-producers in consultation with local authorities [54]. The discrepancies found among plans raise the question about equality, consistency and comparability of service provision at local, regional and national level. Future research should address the identification of best practices to elicit the views of children and young people with SEND in the scope of the EHC planning process, and aim to develop guidelines that would enhance the quality of plans and comparability of provision at national level.

Functioning description of the views, wishes and aspirations of young people with ASD

The results of this study illustrated in detail the areas of functioning that make up the fabric of the views, wishes and aspirations of young people with ASD at the end of compulsory education as portrayed in Section A of their EHC plans. The use of the ICF-CY as a taxonomy to translate the content of the EHC plans into functioning categories split into body functions and structures, activities and participation, and environmental factors seems suitable to explore how holistic these documents are when describing the views of young people. A total of 189 ICF-CY codes were identified following the deductive content analysis performed in the EHC

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plans. This analysis revealed a predominance of Activities and Participation codes (57.1%), followed by codes from the component of Body Functions (25.9%), Environmental Factors (16.4%), and lastly Body Structures (0.5%).

The SEND Code of Practice specifies that Section A of the plans must include the history of the young person and a profile of his or her characteristics [34]. In ICF-CY terms, this section focused greatly on the execution of tasks or actions (activities) and involvement of an individual in a life situation (participation). The overall predominance of activities and participation codes across the EHC plans suggests the crucial role participation plays in the lives of young people with ASD at the time of transition. In this respect, the most salient findings refer to mobility (d4), self-care (d5) and domestic life (d6) functioning codes that were linked across plans, suggesting young people’s wishes to become increasingly independent and autonomous as they transition to their next phase in their lives, while at the same time acknowledging the significant role of support and relationships (e3), and attitudes of other people (e4) in their lives. These findings are consistent with the literature suggesting fewer experiences of independence and autonomy in ASD than those expected of youth transitioning to adulthood, together with feeling unsure or unprepared for adult life, post-secondary education, community living and life at work [7, 17-19].

A large number of body functions codes were found in this section as well, describing physiological functions of body systems, including psychosocial functions. Descriptions that referred to young people’s intellectual functions, temperament and personality, their dispositions and intra-personal characteristics, attention, memory and psychomotor functions, together with descriptions of their emotional functioning, language and higher cognitive abilities were broadly found across the EHC plans. This finding suggests that although the intention of the EHC plan is to portray a holistic view of the individual, a great extent of the focus in Section A relates to diagnostic categories or to ‘within child’ characteristics. Portrayals

of the individual in these terms are suitable in the context of the plan as they build an understanding of the individual; nevertheless, it might be pertinent as well to include aspects of functioning that are relevant for participation in day-to-day activities and that reflect on the implications of those characteristics for the education context [55].

As previously mentioned, the environmental factors codes found in the EHC plans suggest the relevance for young people of support and relationships, attitudes of other people and services available to them, in their participation across settings. A holistic approach towards service provision should not only consider the individual characteristics of the young person and their needs, but those of the context in which they are immersed. This finding shows the invaluable contribution of the ICF-CY framework to systematically cover all areas of functioning, highlighting that what young people and their families wish or want to achieve occurs in a context that has the potential to act as a barrier or as a facilitator to their participation. Therefore, when addressing the views, wishes and aspirations of young people in their EHC plans, special attention should be given to environmental factors, often underrepresented in planning and provision [3], as they will play a key role as mediators of the young person's participation.

Given the small sample used in this study, generalisation of findings is limited. In addition to this, the ICF-CY model acknowledges that personal factors (for example age, gender, and ethnicity) contribute to the functioning profile of an individual; however, these variables cannot be coded under the current framework, and therefore there are aspects of their functioning, which have not been translated into the ICF-CY language for analysis. Another limitation is that the identified codes were discussed with professionals knowledgeable of the ICF-CY framework and taxonomy; however the data was not independently coded by them and in consequence no interrater agreement was calculated to ensure reliability [56].

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Matching aspirations with special educational, health and social care provision for young people with ASD

The analyses of sections concerning special education (Section F), health (Section G) and social care (Section H) provision for young people with ASD have revealed firstly, that the development of these sections has been based on different sections of the EHC plans. Indeed, in some plans provision has resulted from the *outcomes* sought for young people with ASD, whereas other plans have focused on the *needs* of the young people to do so. The Code of Practice stipulates that provision should arise from placing the needs of the child or young person at the core, while at the same time regarding how it would allow the achievement of outcomes sought for them. The focus on different sections of the plans to develop the provision sections emphasises the lack of clarity from the Code of Practice as to the best way to address the development of their content. In this respect, previous studies concerning the role and views of different professionals in the development and implementation of the EHC plans have emphasised the need for more specific guidelines on how to write the EHC plans, suggesting that these would promote more equality and comparability of services at local, regional and national level [55, 57]. Another significant finding from this study is that of the breadth and lack of specificity of the content presented in the sections concerning provision. The Code of Practice requires that the provision section acknowledges the specific need it will cater for, and should include details about the hours, frequency of support, level of expertise, details about equipment, facilities, staffing arrangements, and funding, to name a few. This high level of specificity should be accessible to all stakeholders, and should inform what needs to be done, where, when, and who needs to do it [34]. In this regard, lack of specificity could lead to less effective implementation of provision, as the generality of the descriptions might not provide a full representation of the strategies and resources required to be put in place to enhance the young person’s learning and participation.

Concerning the match between views and aspirations of young people with ASD and the provision developed for them, findings suggest that there is a relative match between the content of section A and sections F, G and H. The theme of independence has been highlighted both as an aspiration in Section A and in special educational provision. Nevertheless, it should be emphasised that the scope and breadth of this theme differed across sections. While in the section concerning the views and aspirations of young people independence was related to becoming autonomous in self-care, domestic life and mobility, in the scope of provision the focus has been placed mostly on autonomy in the classroom/school setting, suggesting a narrower conceptualisation. Thus, it could be said that there is a conceptual match between sections, and a mismatch in the scope of their definition. This finding has significant implications for practice, as previously highlighted, concerning the specificity and scope of the provision. In addition, it suggests that the emphasis placed on provision across the EHC plans is specifically oriented towards academic and formal education settings [58]. This finding is further supported by the theme of literacy and numeracy skills identified in Section F. As previously mentioned, the strategies and resources intended for the improvement of reading, writing and mathematical skills constituted key aspects of special educational provision found in the EHC plans.

Another significant match among these sections has been found with regards to the role of the environment to support the young person across settings. This finding is of utmost relevance in the context of the new SEND legislation, as the shift towards a holistic, person-centred approach to assessment and intervention for children and young people with SEND requires moving from identifying characteristics located ‘within’ the child to a broader understanding of needs that takes into consideration aspects of the environment that may hinder or enhance the individual’s participation and well-being.

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The ICF-CY as a theoretical and analytical framework

The use of the ICF-CY taxonomy to systematically analyse the content of the EHC plans offered the possibility of building a detailed picture of the views of young people with ASD and their functioning in a holistic manner, as suggested by the new SEND Code of Practice [34]. The use of the common language of the ICF-CY to analyse the views of young people with ASD allowed the exploration of the scope of life areas identified as relevant for them at time of transition, and the identification of potential gaps in the development of the EHC plans, with an emphasis on Section A. The holistic nature of the ICF-CY framework facilitates the identification of functioning characteristics across all life domains, allowing professionals to address and represent these in equal proportions, without overemphasising one domain over another [5, 40]. Furthermore, the breadth of the taxonomy of the ICF-CY could be useful as a supporting system in the development of the EHC plans to improve their quality, by introducing standard levels of information across all life areas, and providing a common language for professionals and practitioners involved with the child or young person across services [55]. The universality of the ICF-CY is relevant for the English context as it is aligned with the collaborative nature of the newly introduced plans, thus constitutes an apt framework to support multi-agency working advocated by the new SEND framework in England [40].

Implications

This study examined the way the voices of young people with ASD were portrayed in their EHC plans, and whether the provision developed in the EHC plans matched the views and aspirations of young people. The statutory nature of the views of young people to be included in their plans calls for greater awareness of the fact that “respecting children’s views is not just a model of good pedagogical practice or policy making, but a legally binding obligation” [29, p.930].

The use of the ICF-CY framework allowed the identification of specific areas of functioning that are relevant for young people with ASD at the end of their compulsory education journey. The move towards a more holistic, interdisciplinary and person-centred approach to assessment and service provision for children and young people with SEND – as proposed by the Children and Families Act 2014 – requires a language that is universally understood across services and disciplines. In this respect, the ICF-CY can play a key role in assisting the development of the EHC plans and multidisciplinary provision, allowing more detailed and individualised portrayals of young people's functioning, supporting inter-professional collaboration [59].

Conclusion

This study has shown that the views and aspirations of young people with ASD at the time of transition to post-secondary destinations translate into wishes of higher levels of autonomy in dimensions of self-care, domestic life and mobility that would enhance participation in the home, school and in their respective communities. Moreover, it recognised the relevance of support systems, including school staff, professionals and family. The analyses of different sections of the EHC plans highlighted discrepancies in the organisation and content of the EHC plans across local authorities, suggesting the need for more specific guidelines to develop holistic and person-centred EHC plans. Finally, the holistic nature of the ICF-CY provided a system and a language to identify in a detailed manner the dimensions of functioning relevant for young people and their families in light of their upcoming transition to adulthood. The adoption of the ICF-CY in the scope of the SEND reform could assist in providing a universal language for professionals, children, young people and their families to engage in discussions concerning their views, needs and context, and translate it into provision that encompasses all life areas, tailor-made to match their views, individuality and circumstances.

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For Peer Review

Participant*	Gender	Age	Year group	Setting	SCQ Score
YP 1	Male	16	Year 11	Special school	26
YP 2	Female	16	Year 11	Special school	31
YP 4	Male	16	Year 11	Special school	15
YP 6	Male	16	Year 11	Special school	23
YP 8	Male	16	Year 11	Special school	27
YP 9	Male	16	Year 11	Special school	19
YP 10	Male	16	Year 11	Special school	20
YP 11	Female	16	Year 11	Special school	23
YP 12	Male	16	Year 11	Special school	13
YP 14	Male	16	Year 11	Special school	13
YP 16	Male	18	Post-16	Special school	20
YP 19	Male	19	Post-16	Mainstream college	8

*YP = Young Person

Table 1. Participants' demographic characteristics and Social Communication Questionnaire scores.

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Table 2. Extracts of coded Education Health and Care (EHC) plans, by component of the International Classification of Functioning, Disability and Health – Children and Youth Version (ICF-CY).

EHC Plan extract	ICF-CY component	Component chapter	Assigned ICF-CY code	Code description
'He is an extremely polite and charming young man' (YP 6)	Body Functions	b1 – Mental functions	b126	Temperament and personality functions
'He follows the front board schedule which is used for the whole class. He likes the security of knowing what is happening, it gives him control of what will be happening during the day' (YP 14)	Activities and Participation	d2 – General tasks and demands	d230	Carrying out daily routine
He is not ready to travel independently, although he will now walk down the road after school where his mum will be waiting for him in the car. (YP 1)	Activities and Participation	d4 - Mobility	d4602	Moving around outside the home and other buildings
			d4701	Using private motorised transportation
'He will often look to his peers for support, especially when getting a bus, or walking somewhere, and the students are required to lead' (YP 15)	Environmental factors	e3 – Support and relationships	e325	Acquaintances, peers, colleagues, neighbours and community members
'It is important for [YP 8] that those around him understand the impact that his ASD and tics have on him, and respond to these appropriately'(YP 8)	Environmental factors	e4 - Attitudes	e425	Individual attitudes of acquaintances, peers, colleagues, neighbours and community members

'The school is working to develop his
independence skills' (YP 15) Not definable

For Peer Review

Table 3. Occurrence and frequency of identified functioning codes in Education Health and Care plans, per component of the International Classification of Functioning, Disability and Health – Children and Youth Version.

ICF-CY domain	Occurrence of ICF-CY codes	Percentage occurrence of ICF-CY codes	Frequency of ICF-CY codes	Percentage frequency of ICF-CY codes
Body Structures	1	0.5	1	0.2
Body Functions	49	25.9	190	31.3
Activities and Participation	108	57.1	318	52.4
Environmental Factors	31	16.4	98	16.1
Total	189	100	607	100

Table 4. Occurrence and frequency of codes from International Classification of Functioning, Disability and Health – Children and Youth Version found in Education Health and Care presented by domain and chapter.

ICF-CY domains	Chapters of ICF-CY domains	Occurrence	Frequency
Body Structures (s)	s1 - Structures of the nervous system	1	2
	Total for the domain	1	2
Body Functions (b)	b1 - Mental functions	40	180
	b2 - Sensory functions and pain	1	1
	b3 - Voice and speech function	2	3
	b5 - Functions of the digestive system	2	2
	b7 - Neuromusculoskeletal and movement-related functions	4	4
	Total for the domain	49	190
Activities and Participation (d)	d1 - Learning and applying knowledge	11	24
	d2 - General tasks and demands	14	33
	d3 - Communication	12	38
	d4 - Mobility	11	33
	d5 - Self-Care	11	21
	d6 - Domestic life	10	25
	d7 - Interpersonal interactions and relationships	13	40

	d8 - Major life areas	17	55
	d9 - Community life	9	49
	<i>Total for the domain</i>	<i>108</i>	<i>318</i>
Environmental Factors (e)	e1 - Products and Technology	11	16
	Natural environment and human-made changes	1	3
	Support and relationships	10	54
	Attitudes	5	7
	Services, systems and policies	4	18
	<i>Total for the domain</i>	<i>31</i>	<i>98</i>
	<i>Total ICF-CY Codes</i>	<i>189</i>	<i>608</i>

Supplementary Table S1

Content of Education, Health and Care plans, as described in the Special Educational Needs and Disability Code of Practice [36, p.161-162]

Section	Content of the section
A	The child's and parents' views, interests and aspirations.
B	The child's special educational needs
C	The child's health needs which are related to their SEN.
D	The child's social care needs which are related to their SEN.
E	The outcomes sought for the child, <i>including outcomes for adult life</i> . The plan should also identify arrangements for the setting of shorter term targets by the early years provider, school, college or other education/training provider.
F	The special educational provision for the child's needs.
G	Any health provision reasonably required to help with the developmental and/or learning difficulty/disability, which have resulted in the child having SEN. Where an Individual Health Care Plan exists, this must also be included.
H1	Any social care provision which must be made for the child in accordance with section 2 of the Chronically Sick and Disabled Persons Act 1970.
H2	Any other social care provision reasonably required to help with the developmental and/or learning difficulty/disability, which have resulted in the child having SEN. This will include any adult social care provision being provided to meet a young person's eligible needs under the Care Act 2014 (through a <i>statutory care and support plan</i>).
I	The name and type of school, maintained nursery school, post-16 provision or other educational setting to be attended by the child or young person.
J	Where there is a Personal Budget, the details of how that will support particular outcomes and the provision it will be used for. This should include any flexibility in its usage and the arrangements for any direct payments for education, health and social care.
K	The advice and information gathered during the EHC needs assessment must be attached (in appendices). There should also be a list of this advice and information.

Department for Education and Department of Health (2015) Special Educational Needs and Disability Code of Practice: 0 to 25 years. London: HMSO.

Supplementary List S1

Interview Schedule

Thank you for meeting me today. I am conducting a study on the views and experiences of young people at the end of secondary school and in post-16 education, so this is what we are going to talk about today. I will record our conversation so that I don't forget what we talk about. I will not tell or show anyone what we say, and all this information, including your name and other personal details, will be safely stored. This means I will be the only one who has access to it and that no one will be able to identify you in any report of this study. We can stop or take a break at any time you need it, just let me know.

Changes from secondary school/college to post-16/employment

1. How do you feel about finishing secondary school/post-16?
2. Do you know what you will do after secondary school/post-16? [prompt: *studying, working, other; part time, full time, don't know*]
3. Why did you choose this destination? [*decision process – support?*]
4. What are the things that you like the most about this destination? (work/course) Why?
5. Is there anything you would like to change? Why?
6. Have you expressed concern for the things that you like the least?

There are some young people that find the change from secondary school/college to college/work/etc easy, and some of them find it quite hard.

7. How do you think this change will be/has been for you?
8. What are your hopes/aspirations for the future? What would you like to do when you finish this course/training?
9. What would you like to achieve in the next year?
10. Do you get any kind of support in your school/college/workplace? [situations on which support was needed – people involved – helpfulness]
11. What needs to improve to make your [student] life easier?
12. What will you miss most from your this school/college? Why?
13. Can you describe a typical day at school/college/work? [routines, free time]
14. How do you get to school/college/work? [prompt: transport, going out alone, mobility]

Family

15. Who do you live with?
16. Do you have any siblings? How many? Ages?
17. When you have any kind of problem or concern, do you turn to anyone for support? Who? If/Why do you choose that person?
18. When you are happy or excited about something, do you share this with anyone? Who/Why?
19. When you need to make decisions about your life, how do you decide? [is there a family member/friend/support that helps you decide?]

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Friends

- 20. How important is friendship to you? Why?
- 21. Do you have any friends from your school? What do you do together? *[prompt on activities, common interests, length of relationship]*
- 22. When you have a problem or a concern, how do you try to sort it out? *[support from friends?]*
- 23. What do you do in your free time?
- 24. Do you go out on your own? Do you tell your parents [or other as appropriate] where you are going and when you are coming back?
- 25. Is there anything else you would like to share with me today?

For Peer Review

Implications for Rehabilitation

- Young people with autism spectrum disorders face many challenges in their transition to post-16 education and employment.
- Engaging young people with autism spectrum disorders in matters that affect their own lives contribute to the development of provision that is aligned with their wishes and aspirations.
- Practitioners collaborating in the development of Education Health and Care plans should ensure that young people are effectively involved in the development of their own plans.
- The International Classification of Functioning, Disability and Health, Children and Youth Version provides a systematic framework and language for coding and recording data from different sources with which to capture young people's views.